U.S. Department of Labor Office of Labor Management Standards Washington DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0168
Expires 11 30-2006

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Lise Only	
REC D 7	
E! Quennant	

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 9692	2 Fiscal Year Covered From	
	7/1/2004 Through 6/3/2005	
3 Name and address of person filing	4 Name, file number and address of labor organization	
Name GARY FRANCIS WILSON	Name DISTRICT COUNCIL 82	
	Labor Organization File Number 542,087	
PO Box Bldg Room No If any	PO Box Building and Room Number If any	
Strant 16744 HASTINGS STINIE	Street 3205 COUNTRY DRIVE	
CIN HAM LAKE	City LITTLE CANADA	
State MN ZIP Code +4 55 30 4	State MV, ZIP Code +4 5511)	
5 Position in Tabor organization FINANCIAL SECRETARY LOCAL 386		
Enter appropria e data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the Instructions)  A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent		
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income	
Name		
Trade Name If any	1	
PO Box Bldg Room No If any		
	7.b Amount	
Street	0	
City		
State ZIP Code + 4		
Signature		
15 Signature and verification. The undersigned declares, under penalty of Periury and other applicable penalties of the law that all of the information.		

submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned a knowledge and belief true correct, and complete (See the section on penalties in the instructions)

Sgrad Ham F. Wilson

on 7-21-05

763-431-4308 Telephone Number